MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. ______

2105 -63- 009304 STATE FILE NUMBER

FILED FEB 28 1963

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY:
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. City Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois — b. COUNTY: St. Clair
c. CITY OR TOWN: East St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1814 N.89th Street — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) — First: CLARENCE — Middle: S. — Last: ROSE

4. DATE OF DEATH — Month: Feb — Day: 24 — Year: 1963

5. SEX: male
6. COLOR OR RACE: white
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 7-16-1882
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: United Credit Co
11. BIRTHPLACE (City and state or country): Litchfield, Ill
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Stephen Rose
13b. MOTHER'S MAIDEN NAME: Angelia unknown
14. NAME OF HUSBAND OR WIFE: Louise Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — Address: Mrs.Louise Rose 1814 N89th St.E.St.Louis.Ill

18. CAUSE OF DEATH (Enter only one cause per line) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Vascular Accident — Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — 4 years.
DUE TO (c): 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY — Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from September 1912 to February 24, 1963 and last saw him alive on February 17, 1963
Death occurred at 1 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John M. [illegible] MD.
22b. ADDRESS: 8 East Washington, Belleville Illinois
22c. DATE SIGNED: 25 Feb 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 2/28/63
23c. NAME OF CEMETERY OR CREMATORY: New St.Marcus Cemetery
23d. LOCATION (City, town, or county): St.Louis County — (State): Mo.

24. FUNERAL DIRECTOR: Lupton Chapel, Inc — ADDRESS: 7233 Delmar Blvd
25. DATE RECD. BY LOCAL REG.: FEB 25 1963
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence L. Murray

Licensed Embalmer No. 4011

P. O. Address Ithaca, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.